



**PATENT APPLICATION**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of

Hendrikus Gerardus BOEVENBRINK et al.

Group Art Unit: 1713

Application No.: 10/552,437

Examiner: F. TESKIN

Filed: October 6, 2005

Docket No.: 125519

For: DOSING OF PEROXIDE TO A SUSPENSION PROCESS WHEREIN STYRENE IS  
POLYMERIZED

**AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In reply to the March 15, 2006, Office Action, please consider the following:

**Amendments to the Specification;**

**Amendments to the Claims** as reflected in the listing of claims; and

**Remarks.**

OLIFF & BERRIDGE, PLC  
Telephone: (703) 836-6400  
Facsimile: (703) 836-2787



IAP/REC'D PCT/PTO 24 MAY 2006  
PATENT APPLICATION

Attorney Docket No.: 125519

CUSTOMER NUMBER 25944

**AMENDMENT TRANSMITTAL**

In re the Application of

Hendrikus Gerardus BOEVENBRINK et al.

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Entitlement to small entity status is hereby asserted.  
☐ Small entity status of this application has been established.

Any additional claim fees have been calculated as shown below:

	(Column 1)	(Column 2)	(Column 3)	SMALL ENTITY			OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADD'L FEE	OR	RATE	ADD'L FEE
TOTAL CLAIMS	25 MINUS	20	= 5	x 25	\$		x 50	\$ 250
INDEP CLAIMS	1 MINUS	3	= 0	x 100	\$		x 200	\$
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ 180	\$	OR	+ 360	\$
					\$			\$ 250

- \* If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.  
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" in this space (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior Amendment or the number of claims originally filed.

- ☒ Check No. 180074 in the amount of \$250 is attached. The Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,

William P. Berridge  
Registration No. 30,024

Joel S. Armstrong  
Registration No. 36,430

WPB:JSA/ldg  
Date: May 24, 2006

05/30/2005 37REV1 00000102 10552437

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